

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
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APPLICANT(S)
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CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5		5				
6		8				
7		8				
8		8				
9						
10		1				
11						
12		1				
13		8				
14		8				
15						
16						
17						
18		1				
19						
20						
21						
22						
23		1				
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47						
48						
49						
50						
TOTAL IND.	6					
TOTAL DEP.	16	↓	↓	↓	↓	↓
TOTAL CLAIMS	26	████████	████████	████████	████████	████████

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		↓	↓	↓	↓	↓
TOTAL CLAIMS		████████	████████	████████	████████	████████